



INDIAN INSTITUTE OF HOMOEOPATHIC PHYSICIANS

Central Office : Dr Ravinder Kochhar Clinic, Kartar Complex, Kochhar Market Chowk, Model Gram, Ludhiana - 141 001, Punjab.
Tel. : +91 981 522 221, **Email:** dr.ravinderkochhar@yahoo.in

Form No.

Membership Form

For Office Use Only : Payment Details

D/D/Cheque/Tr. ID No. Date..... Bank

Receipt No. Date..... Membership No.

To,
National Secretary General
Indian Institute of Homoeopathic Physicians.

Dear Sir,

I would like to join in IIHP as a Regular Member/Life Member.
My biodata is as follows.

Name :

Address :

Phone : Mobile : Email :

Optional : Whatsapp No. : Facebook Id :

Qualification : Year of Passing :

Name of the College :

Regn. No. Name of the Board/Council :

Introduced by Dr. Place :

I have paid ☐ a membership fee of ₹500/- ☐ Life Membership fee of ₹3000/-

Attached (must) xerox copy of : ☐ Degree / Diploma ☐ Medical Registration Certificate

I agree to receive communications on my Phone/Email/Whatsapp/Facebook by IIHP.
I shall fully abide by the Rules, Regulations, Bye Laws & Constitution of IIHP.

Introducer's Signature

Signature of the Applicant

MP OFFICE : DR M K GUPTA, Q1 SITE NO.1,CITY CENTER, GWALIOR - 474011, MP

Mobile: 09301119811 | Website: <http://www.iihp.in>